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ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

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No. 21.

EXTRA-ORBITAL REGION.—(*continued.*)—Between the muscular stratum and the cartilage there exists another layer of cellular tissue, which connects the two together. The structure of the tarsal cartilages consists of fasciculated fibrous tissue, with a few cartilage cells lodged among its fibres. The fibres are arranged parallel with the long or transverse axis of the lids.

Eye lashes.—At the edge of each palpebra, two or three rows of long, stiff hairs are situated, (the cilia.) Those of the upper lid are curved upward, those of the lower lid downward, so that when the palpebra are closed, these hairs do not interlock. Hairs are sometimes seen growing from the mucous surface of the lids. They are very white and transparent, and demand close inspection to detect them. Communicating with the hair follicles are subaceous glands. The posterior margins of the eye lids, when closed together, do not quite touch, leaving a small fissure or trench between them, said to favor the passage of the tears toward the lachrymal canals.

Meibomian glands.—When the lids are everted, numerous parallel lines may be seen, resembling strings of pearl beads, on their inner surface; these are the meibomian glands. Their direction is from above downward, from twenty-five to forty in number, and embedded in grooves hollowed out in the cartilage. Their orifices all open on the ocular margins of the cartilages. In structure, they consist of tubes with numerous small communicating cœcal diverticulæ or pouches, and may be regarded as simple racemose glands. They are lined with a flattened epithelium, and in their interior spheroidal cells are constantly being produced, which contain the proximate constituents of fat, and which by the time they reach the excretory duct, the cell walls give way, the oleaginous particles cohere and become of a pasty consistence. In most respects, therefore, they resemble the sebaceous follicles.

The lids are lined by a mucous membrane, called the palpebral conjunctiva, which extends from the attached to their free margins. Its surface is studded with small eminences (*the papillæ*), which are elevations of the mucous membrane, having the same histological elements, namely, an epithelial layer, supported on a structureless or basement layer, (at least so regarded by some,) and beneath which exists a capillary loop of vessels and nerves, supported by connective tissue. The submucous connective tissue is abundant, and contains in addition to its white fibrous constituent passages, elastic fibres in great abundance. The blood vessels are from the ophthalmic, and arranged in the form of a complex net work. The nerves of sensation are from the 5th pair; and those of motion from the 7th, which pass to the lids over the zygoma. The superior lid is possessed of a proper elevator muscle, "the *levator palpebræ superioris*," the origin of which is within the orbit from the upper part of the optic foramen, and connected broadly with the

superior margin of the cartilage. This muscle receives its nerves of motion from the third pair of cranial nerves.

The line at which the eye lids meet in front of the eye, is termed the *equator oculi*, and is considerably below the middle of the cornea, in consequence of the extent of the descent of the upper to join the lower lid. The junction of the palpebræ at the outer and inner parts of the orbit, are the *canthi*. A small triangular space at the inner canthus, is the *lacus lachrymalis*, in which a prominence is located, the *caruncula lachrymalis*, and in the rear of which the conjunctiva forms a fold, strengthened by a plate of cartilage, which is strongly marked in some of the inferior animals—as the bullock—and which answers to the third lid or *nictatating* membrane of birds.

Practical Observations.—The palpebræ are not present in all animals. In fish they are absent, as might be expected, the necessity for their presence being done away by the medium in which the eyes are bathed. The same is true of many reptiles, the skin being thrown into a fold around the orbit, may be considered as the rudiments of lids. In serpents the integument is continued over the cornea as a thin epidermic layer, so that when the skin of the animal is shed, that from the surface of the eye is found connected with it. In some lizards the corneal layer is supplied with a sphincter muscle, the orifice in which is opposite the centre of the cornea; it might be regarded as an external iris. The necessity for such a mechanical protection in reptiles doomed to go upon their belly and in the dust of the earth, is apparent. In crocodiles and the chelonia, tolerably perfect palpebræ exist, but no eye lashes. Birds possess three lids, the inner, called the nictatating lid, and which is possessed of a very wonderful and ingenious muscular apparatus, by means of which it is brushed over the eyeball. The cilia, however, are not often present. The capacity on the part of the eagle to gaze undazzled into the sunlight, is due to this third lid, which is drawn over the organ as a transparent veil. In birds the lower eye lids are more moveable than the upper, just the reverse with that of man, and they are furnished also with a muscle, the depressor palpebræ, which arises at the bottom of the orbital cavity.

In man the palpebræ, from their involuntary movements, as in winking, wipe the surface of the eyes, spread over them the lachrymal secretion, and remove the minute particles of dust which may come in contact with them. This office is one of no ordinary importance, as may be learned in observing a case of facial paralysis, the orbiculares palpebrarum receive their motor endowments from the facial nerve, and when paralyzed the eyelid remains open and the eye soon becomes inflamed from the foreign matters which collect upon it. In such a case the eye lids should be closed together and so maintained. Some persons have the movements of winking to an extreme degree, a kind of chorea, and is in a great measure irremediable. Might not a section of the palpebral twigs of the facial nerve supplying the orbicular muscle be productive of benefit?

The palpebræ according to the extent of their separation regulate the amount of light which falls upon the cornea. The prominence of the eyes, so notable in some persons, results very much from the ability of the palpebræ to uncover a large part of the ocular globe. The lids also serve to defend the eyes against blows. The powerful contraction of these by the orbicular muscles forms a very efficient defence, in as much as the eye brows and cheeks can be made almost to touch each other.

Under certain emotional states, as in crying and laughing, the palpebræ are closed, and in the former firmly pressed against the eye. This is natures method of supporting the delicate vessels of the conjunctiva. As these emotions are expressed by short expirations, the capacity of the chest is diminished and the great venous trunks which enter it, being compressed, the vessels are unable to unload themselves, and become filled with blood If the eye lids of a crying child be forcibly separated, (the example cited by Sir Chas. Bell) the conjunctival vessels will be seen to become greatly distended.

The sick sometimes sleep with the eye lids partially open. It indicates disturbance of the nervous system, producing a diminution in the sensibility of the 5th pair, so that the motor nerves are not excited to action; or from loss of tone in the facial nerve, or from irritation of the 3rd pair, producing inordinate contraction of the elevator of the superior lids. It is a very common condition in indisposed children, where the nerve centres generally kindle up on every occasion of functional disturbance. When the palpebræ are closed voluntarily, the equator oculi is higher up than when closed involuntary, and this fact has been taken advantage of in determining feigned from real sleep.

The loose connexion of the skin to the muscular layer will account for the considerable swelling which attends inflammation of the eye lid; also that which follows a blow, and the consecutive discoloration. The vessels having little support are easily lacerated, and the blood percolates extensively the connective tissue. The habit of pugilists scarifying the lids answers no doubt, a very good purpose, by allowing the extravasated blood to escape.

Such a structure would render it obviously improper to apply over it leeches, as a black eye would certainly follow. The arrangement of the muscular layer, will require incisions to be made tranverse, or in the line of the wrinkles visible on the cutaneous surface. The vessels sometimes bleed freely, and if it is desirable to avoid a ligature, the hemorrhage can be controlled, as well as prevent extravasation by observing the relation of the lid to the orbit, against which it can be pressed and so maintained by a compress and bandage. The follicles lodged in the subcutaneous tissue, are the seat of most of the tumors observed on the lids, and must be entirely removed to prevent a recurrence. Those which communicate with the cilia, may become inflamed and suppurate, forming the *hordeolum* or stye. These follicles are seated in the submuscular connective tissue, and the surrounding inflammatory swelling is more circumscribed, as more resistance is exercised by the tissue. Derangement of these glands is often troublesome, from the frequent renewal of the tumors. The reason is that the abcess does not destroy the follicle, only it is discharged by ulceration, the sack still remains, and is refilled by the products resulting from the unsubdued inflammation. In adults their removal proves most efficacious, and it should be recollected that the incisions must go beneath the muscular layer, as they are so situated. The practice sometimes adopted of forcibly tearing away a few of the cilia, is bad, and the accessory follicle is rarely removed thereby. The thickening along the cutaneous margin of the palpebræ, which is often observed, especially in young subjects about the age of puberty, is from the lymph effused about these follicles, and the brownish red discoloration from the venous congestion. The eye-lashes by deviation in direction or change in the surrounding structures, become a source of irritation from contact with the eye. It is one of the bad effects of entropion. The wild hairs, commonly so called, are fine transparent ones, springing from the mucous layer of the lid, and requiring a careful examination for their detection. These of course should be removed, as no proper alteration in the shape of the lid, can separate them from the surface of the eye.

Typhus Fever.

By J. R. McClurg, M. D.,
Of Philadelphia.

During the autumn and winter of 1850, and the spring of 1851, one of the most cultivated and healthy districts of the southern part of Chester County Pa., was visited by an epidemic disease—typhus fever, but it was by neighboring physicians denominated typhoid; and this discrepancy of opinion still existing to a greater or less extent in every country, it may not be unnecessary once more to insist upon the non-identity of typhoid and typhus fever. In a general external examination of these diseases, they may, to a certain extent, resemble one another, but upon close inspection the most decided difference is observable in their origin, symptoms, duration, pathology and treatment. Typhoid fever, in my practice, has presented itself most essentially as a secondary disease,

if I may use the expression,—a sequent of a non-contagious character, never occurring in wide spread epidemics like typhus; "pre-eminently a disease of childhood and adolescence;" never attacking the system when in a healthy condition, but following the invasion of some other disease, such as the exanthemata, bilious fever, bilious remittent fever, pneumonia, pleurisy, dysentery, or after some severe external injury, and embraces among its most prominent symptoms, gastric derangement, diarrhœa, or loose, granular, yellow discharges from the bowels, soreness of the iliac fossæ, tenderness and tympanitic state of the abdomen, high fever, frequent and violent delirium, dry and red tongue, and rose colored rash, if any at all be present. In fact all the symptoms of typhoid fever are essentially those of follicular enteritis, or the enteric fever of this country and the dothinenteritis of Bretonneau, the very existence of which depends upon the pathological condition of the intestinal canal.

Typhus fever is eminently a contagious disease, occurring at irregular intervals in wide-spread epidemics, and then attacks alike the poor and rich, young or old, whether in the isolated cabin, spacious mansion, or healthy country village, quite independent of temperature or season of the year, and always manifests itself by a peculiar prostration of the general nervous system from the invasion of the attack, but seldom, if ever, reveals any pathological condition of the system at all peculiar to the disease. And certainly in no disease is the physician so liable to be entirely disappointed in his pathological researches as in post-mortem inspections of those who died from typhus fever. But a few most important questions present themselves in this connection, which I will attempt to answer, and if not satisfactory to the whole medical profession, it will at least be the impression made upon my mind during the above epidemic. Is typhus a contagious disease, and if so, what is its productive or specific cause, and in what way does this specific cause enter the system, and upon what tissue or organ is the first impression made?

Upon these questions I have thought and thought again for hours to find a solution, but still there is a murky mist around the subject, and the light is so faint that I cannot read the answer entirely satisfactory. That typhus is a contagious disease, certainly no one will attempt to deny, and we will prove it to be so hereafter. The specific cause of typhus I believe to be a *putrid effluvia or a personal miasma*, generated by the human body, and emitted by it during the different stages of the disease, and even by the dead body, so that those who follow the funeral train are liable to the disease. This personal miasma is a poisonous, gaseous effluvium of a peculiar, sickly, indescribably nauseous odor, and its effect upon the system is poisonous and powerfully sedative. This we know to be the case, from the fact that very often the visitor, upon entering the sick room of typhus patients, is immediately conscious of, or recognizes a peculiar, nauseous odor, and with almost the rapidity of light, becomes sick and faint, and feels a singular dreamy sensation pass over the whole frame, leaving a consciousness in the mind that the disease has been contracted. And I would here remark, that I have never yet heard of a single case of a person being thus affected with nausea and faintness from typhus miasmata, but that an immediate attack of the disease succeeded.

I will not pretend to say that typhus is and can only be produced by exposure to this personal miasma, for putrid emanations and matters have been, by way of experiment, injected into the veins of animals, and in almost every case the animals became ill with all the symptoms of typhus, and it would be so, doubtless, in the human subject. But what I do say is, that typhus in its epidemic visitation is propagated entirely by a putrid or personal miasmata emitted by the body of the typhus patient. The manner in which this miasma enters the system, and the tissue or organ upon which the first impression is made, is certainly an interesting subject for inquiry and for the creation of diverse opinions. But if there be one part of this subject upon which I feel more confident than any other, it is that the first impression

of the effluvium upon the system, is made, it may be, partly through the sense of smell, *but principally and perhaps entirely* by inspiration, by which the miasma is brought into direct contact with the bronchial and vesicular lining, and as the optic nerve immediately recognizes and the iris is affected by the light, so the sympathetic nervous system immediately takes cognizance of the poisonous virus, and the whole system responds to the impression. But it may be said that the sense of olfaction does not reside in the olfactory or first pair of encephalic nerves, but in the medulla oblongata, where this nerve probably has its origin, and that the olfactory nerve is but the road by which odorant impressions travel, and that consequently the impression made by the miasma is upon the brain, and the system is subsequently affected.

This I do not believe to be the case, but on the contrary, that the special senses, smell, vision, hearing, etc., reside in their respective nerves, which are presided over by the brain, the seat of the mind and the regulator of voluntary motion, and that we have another great independent nervous system, the sympathetic, presided over by its central brain, the solar plexus, and that it is upon this centre of sympathies and regulator of the circulation of the blood and the organs of involuntary motion, that the first dominant impression is made by the miasmata. How often have we heard the same story from those laboring under typhus fever and small pox, that before they took the disease they called to see a sick friend, and soon after entering the sick room they recognized a peculiar nauseous odor, which with almost the rapidity of thought, struck in the epigastric region, when they became sick and faint, perhaps even to vomiting, and never felt well afterwards. Over and over again have I received this history from those to whom I have been called to prescribe, labouring under typhus fever. Now, in what organ or part, was this singular sensation located, of which the patient complained in the epigastric region? Not in the lungs, nor heart, nor stomach, nor liver, but down deep beyond the reach of pressure, in the solar plexus. The miasmata passed by inspiration into the lungs, the branches sent off from the pneumogastric nerve and received into the solar plexus, recognized the poison and conveyed the intelligence to this nervous centre, which became depressed, and the whole system soon languished from a want of the vital power. And when we examine a case of typhus, what prominent symptoms present themselves? Not the gastro-intestinal symptoms of typhoid, surely, nor the symptoms of any particular organic or cerebral disease, but languor, lassitude, despondency, restlessness, quick fluttering pulse, irregular breathing, oppression in the epigastric region, sighing, stupor, subsultus, quiet delirium, enfeebled innervation or powerlessness, morbid wakefulness or dull unconsciousness, all indicative of a prostrated condition of that great central, energizing and regulating nervous system, the sympathetic. In short, I believe typhus to be a disease of the sympathetic nervous system, and the vitiated condition of the blood present in this disease, and other organic derangements, results entirely from suspended innervation, and that the liability of persons to contract this disease, depends very much upon the impressibility of this nervous system—some being prostrated from the very invasion of the disease, while in others there is a general sinking of the vital power.

On the 13th of September, 1850, a young colored man called at my office and requested me to visit his wife, distant about three miles, who had been sick for more than a week. I called at his house, which, I found situated on the top of a hill and entirely surrounded by standing corn. I found my patient completely prostrated, and that dull, unconciousness and powerlessness of typhus fever most prominent in her case. The pulse soon became 142 per minute, the breathing slow and irregular, and the vital power so depressed that she could not see nor hear,. At this stage of the disease, I discontinued all medicines, began the use of brandy, and in fifteen hours she became quite conscious and able to recognize those around, and under its continued use, recovered entirely. Several of the friends took the disease from her, all of whom recovered.

This was the first of sixty-seven cases of typhus, which came under my care during the succeeding five months, out of which I lost but five cases. I will not take up time, by following those who took the disease from this case, but will call attention to another section of my practice, where the disease appeared to have, so far as I was able to trace, a separate and independent origin, which became the nucleus, from which, radiated very many cases.

On the 9th November, 1850, I was called upon to visit a most estimable quaker family, and found a younger daughter, of perhaps fourteen years, sick with typhus fever, who subsequently became completely prostrated, but recovered after a sickness of three weeks.

On the 13th, four days after the above case, a lady of about thirty-five years, residing in this family, took the disease and recovered in about four weeks, after a most serious and critical attack. On the 24th, the wife and mother took the disease, and after sinking to the very brink of the grave, recovered. On the 30th, the elder daughter, aged seventeen, was taken by the disease, and recovered after many days sickness. On January 3d, 1851, the elder son, a lad of about eleven years, was confined to bed with the same disease, and recovered after a sickness of over four weeks. The husband and father now took the disease, the attack being slight, was not confined to bed. In this family, thus we find six cases of typhus, and on account of the number sick at the same time quite a change of nurses was required, of wham, five took the disease, and subsequently carried it among their friends. One of these, truly an excellent woman, being from her own family a few days, and assisting as a nurse in this family, took the disease and went home and died five days afterwards. I saw her on the 2d of January, two days after her return home, and found her sitting in the parlor by the stove, complaining of being chilly all the time, and exceedingly weak and prostrated. Her eyes were red and filled with tears, the tongue slightly coated and moist, oppression deep in the epigastric region, heavy sighing, breathing irregular, *pulse only* 40 *per minute;* subsultus and unable to walk steady without assistance. I put her to bed, but notwithstanding all our exertions, with hot bath, mustard plasters, hot brandy externally, and internally, she died on the 7th, without the least appearance of organic disease. The poison had struck the fountain of life, and the stream became dried up. Another lady, a nurse in the above family, had been in attendance three or four days, when she experienced a peculiar nauseous odor, which she said "flew to her stomach," and she became sick and faint, and was the next day confined to bed with the disease, and recovered after a sickness of five weeks. A brother-in-law of the first family mentioned, visited his sister when very ill, experienced while in her room a sickening sensation, went home, a distance of three miles, took the disease, and died. He was sick some weeks, and many persons, male and female, took the disease from him, and they in turn gave it to others. His little child after his death, when laboring under the disease, was taken some two or three miles to a relative where it recovered. Shortly after, on the 10th of February, I was called upon to visit this (a quaker) family, and found that the mother, aged fifty-six, and a married daughter had both contracted typhus fever from this.

Scarlatina.

By B. Woodward, M. D.,
Of Galesburg, Illinois.

At the present time when this disease is prevalent all over the land, it may not be malapropos to state through the Reporter a plan of treatment which has proved eminently successful in my hands the present season. As soon as I am called to a case, I gently evacuate the bowels with castor oil, if this has not been done previously. I then give to a child two years old, two grains of quinine and three grains Dover's powder every three hours, and still further promote diaphoresis by copious draughts of warm catnip tea. This I continue till the severity of the disease abates. I also give Norwood's tincture of veratrum viridi in doses of one to four drops, according to the age of the child, every four hours, till

the pulse is brought down to 80 or 85, *and keep it there.* Attention is also paid to the throat, but I find that if I can produce *free perspiration* and *keep* the pulse *well down*, the throat symptoms do not become very troublesome. In cases where there is sloughing of the fauces I apply quinine very freely to the ulcerated surface; this I do by dissolving one drachm of quinine in f℥j of water, with sulph. acid gtt. xx., and apply with a large camel's hair brush.

Druggists' Mistakes, their Cause, and the only Means of Prevention

By J. T. Calhoun, M. D.,
Of Rahway, N J.

"It too often happens that valuable lives are sacrificed by the ignorance, or carelessness of apothecaries in compounding medical prescriptions, and the same occasionally results from an inexcusable haste in writing recipes. These evils may be prevented in the future, in this state, by requiring all apothecaries, under penalty, to affix to each receptacle, in a distinct style, the English, as well as the officinal name of the medicine it contains, and by obliging physicians to write their prescriptions in full, instead of using the abbreviations and characters now in use."

The above extract is from the recent annual message of the Governor of New Jersey to the Legislature, and emanating, as it does, not only from the chief executive of the state, but also from a physician in extensive practice, it will no doubt receive the careful consideration of our legislators. That the Governor meant well in making such a recommendation to the legislature there cannot be a doubt, but I, for one, cannot but think that were his recommendation carried out, it would but increase the mistakes which he deplores. *The real cause of all mistakes in compounding prescriptions is the ignorance of the druggist.*

I grant that a physician may sometimes make a mistake in writing a prescription. An educated druggist would see the mistake and refuse to put up the medicine, and no harm would be done. Would the addition of the common names to the label prevent *such* a mistake? would it prevent *any* mistake? No, it would enhance the liability to mistake. The druggists are infested with that spirit of the age, the love of money, they can obtain the services of boys of 16 and 17 years of age for almost nothing, and to them they too frequently entrust the compounding of prescriptions, although such boys are as unfit for such work as they are to command an army; that is how mistakes occur. It is through the cupidity of the druggist, who employs boys to do the business which should be entrusted to persons well skilled in pharmacy. Put the common names upon the bottles, and a fresh inducement is offered to employ such clerks, and mistakes will correspondingly increase.

It is a problem which the Governor does not attempt to solve, as to how the English names would prevent a mistake. It would certainly have a queer look to see a jar labelled "Extract of Stink Weed" instead of "Ext. Stramon.," or instead of "Pulv. Aloes et Canell," to see the word "Pikery," or for "Tinct. Assafetid." to read "Tincture of Devil's Dung." Yet if the Governor's ideas are embodied in a law, such will be the result, nor can I understand how the abbreviations now used in prescription writing are more liable to be written incorrectly, than if all written out in full. Physicians are notoriously bad writers, but it will be difficult to remedy this evil by law. But suppose a prescription is badly written; unless a druggist can *clearly* and *unmistakeably* make out every word and character, he has no business to put it up, and should be held legally responsible, should a mistake occur by reason of his so doing. Yet nine out of ten boys have just temerity enough to *guess* at what is intended, and to compound the medicine upon the basis of a guess. I am convinced that the only way to prevent mistakes is to make it a penal offence for any person to compound a medical prescription who has not been five years at the business, or is a graduate of a College of Pharmacy or Medical College.

I might illustrate my position by numerous cases, for I doubt not that such occur under the eye of every physician, but it is unnecessary. The facts are patent to every

one, and deploring, as all physicians must, the evil, I am sorry to see the Governor make such a poor diagnosis, and shoot so wide of the mark in suggesting a remedy. It is fashionable, I know, to blame physicians as well as railroad companies, for any accident which may occur in which they are in any way connected, and these views of Gov. Newell are but a reflection of popular sentiment. They are wrong, and it is full time that physicians came out boldly and placed the responsibility of all mistakes in compounding prescriptions upon the shoulders of the druggist, where they belong.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

JANUARY 11TH.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Tuberculous Phthisis.—After some general remarks upon this disease, its mode of development, and the use of cod-liver oil and stimulants in its treatment, the substance of which we have given in a previous number of the REPORTER, Dr. Gerhard introduced several cases to the notice of the class.

Case 1st.—A seaman, born in the north of Ireland. Can speak only in a whisper. When this intonation of the voice is permanent, we must ascribe it to destruction of the vocal chords. The complexion of the patient is exactly that of phthisis—pale and sallow—not that color which we find in chlorosis and disease of the heart. The extremities of the fingers appear swollen: this is not really a swelling, but an emaciation of the fingers, which is not perceptible at the tips.

The expectoration of this patient is a muco-purulent matter, in which you see there is a disposition of the sputa to run together: from this you may infer that the disease has lasted for some time. In the early stage the sputa are regularly nummular. The tongue is smooth; this is a condition coinciding with disease of the alimentary canal. He has gastric pain, but his bowels are costive, and I presume, therefore, that he has no ulceration of the colon or small intestine. His liver is moderately enlarged, which is due, I have no doubt, to fatty degeneration. It is in phthisis occurring in women that the liver is most frequently affected.

In phthisis, you know that we are accustomed to examine the lungs; but recollect that the lungs are not the only part of the body affected in this disease. They are the organ in which it is earliest developed, and in which it passes most readily through its stages, but it is just as properly *phthisis* when occurring in the bowels or the meninges of the brain.

This patient has a cavity at the upper portion of the left lung; the right lung is not so decidedly affected. There is, of course, but one prognosis. He is using cod-liver oil; I do not usually continue it in such cases. He has been taking quinine and iron; the latter it is hardly worth while to give when there is a prospect of a rapid termination of the disease. He has, also, infusion of quassia, and milk punch.

Case 2d.—This patient has very much improved since his admission, eight weeks ago. Phthisis existed on both sides; it had not greatly advanced; there was a little softening. He expectorates now merely a whitish mucus, coming from the surface of cavities which have become inactive, or indolent, as the French use that term. He has no irritation about the throat, which is a favorable sign in phthisis. Cod-liver oil has produced in him a very good effect. He has taken, besides, Huxham's tincture of bark—an admirable old remedy—porter, and paragoric and squills, to allay his cough. The physical signs indicate some improvement, and the condition of the lungs shows that he is in as fair a way of recovery as it is possible for him to be. He should take exercise in the open air.

Case 3d.—Acute Phthisis—Post Mortem Specimens.—This patient was before the class on the 4th inst., evidently in the very last stage of acute phthisis. He had been laboring under the disease only two months, and had now night sweats, intense fever, severe cough, abundant expectoration, and diarrhœa.

The pulse was feeble; respirations 36 in the minute. The physical signs indicated extensive tuberculous disease—almost universal dullness and mucous rales, accompanied with crackling.

This terrible form of phthisis, Dr. G. remarked, it was totally beyond our power to arrest. All that we could do was to give some cooling diaphoretic drink. This variety of phthisis sometimes killed without the formation of a single cavity. It was most common in persons between the age of 15 and 20 years.

The patient was already insensible, and died on the next day but one following. The condition of the lungs, as to-day exhibited to the class, was precisely such as was stated by Dr. G. in the ante-mortem examination. There was an abundant deposi-

tion of tubercles throughout the left lung, and at the summit, a small cavity. The right lung was tuberculous above, and at the lower portion emphysematous.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Condensed from Phonographic Reports for the Medical and Surgical Reporter.

From the meeting of December 28th, 1859, we give the following case:

Cancer of the Liver, Tubercle, and probably Cancer in the Lungs.—Dr. Sands, on behalf of a candidate, presented a specimen obtained from a man 29 years of age, who had been quite well and in his usual good health until about a year ago, when he was taken with what he called distress after eating, and pain in the region of the heart. This continued until about eight months ago, when he was attacked with severe pain over the liver. On examination, unevenness and enlargement of this organ was found. Cancer of the liver was diagnosed. His condition became gradually worse; the dyspeptic symptoms, accompanied with nausea and vomiting, etc., were aggravated, so that he had to be sustained by nourishing enemata; finally, hæmatemesis set in, and he died a short time since.

Autopsy.—Rigor mortis well marked; abdomen somewhat tympanitic. The pulmonary pleura was studded with little tumors. Upon the left lung old adhesions and the cicatrix of an old cavity were found. There were also found little calcareous masses, of a cheesy character. The microscopical examination showed cells containing one or two nuclei, and from 1-1200 to 1-1500 inch in diameter; qesides these, granules, looking like those of tubercle, were present.

The liver was found nodulated, enlarged, and, on microscopical examination, presented clearly the characteristics of cancer. On attempting to lift the stomach, it ruptured near the pylorus, near which there was a large cancerous deposit. On examining the stomach further, an ulceration was found in it, which had caused it to be ruptured. The cancerous mass, liver, part of stomach and pylorus, weighed eight and a half pounds.

This case is interesting in regard to the question whether the cancerous tubercular deposit in the lungs was of recent date, or whether it had existed previously to the development of cancer in the liver.

Dr. Clark remarked that the occurrence of cancer in one part of the body, and of tubercle in another, although they were formerly thought to be incompatible, had frequently been shown to co-exist in cases presented before this Society. In one specimen, shown by him a few years ago, cancer and tubercle were even found to exist in the same lung. From the description of the cells found in the lung here presented, it must be presumed that they are either epithelial or cancerous, and it seemed to him that the probabilities were that the two deposits were combined in this case.

The ulceration in the stomach looked to him much like the ulceration from interrupted circulation. He would ask Dr. Sands if the post-mortem examination revealed any obstruction of the vessels.

Dr. Sands stated that he did not think there was, although the examination was not made particularly in that direction.

Meeting of January 11th, 1860.

Syphilitic Slough—Destruction of the Femoral Artery and Vein.—Dr. Finnell presented the femoral artery and vein taken from a young man, 24 years of age, who died in St. Vincent's Hospital, from syphilitic disease. He entered on the evening of November 24th. He had then been suffering for three months, and was gradually growing worse. At the time he entered he was in a very feeble condition; he had night sweats, cough, and was rapidly wasting away; was unable to retain any food on his stomach, and was suffering from great pain and distress generally. He had, in the groin, a large syphilitic ulcer, four inches in width and six inches in length. He had, also, a syphilitic ulcer on the ring finger, involving the second joint. In addition to this, he had phymosis and concealed chancre. He was placed under the most invigorating diet and stimulating treatment, by which we endeavored to build him up. After a few weeks his general condition was somewhat improved; the ulcers, however, were spreading constantly. About the 20th of December it was noticed that he had several slight gushes of blood from the ulcer in the groin; the hæmorrhage was readily arrested by the application of a little lint. On the next day there was a very free gushing of blood, which required pressure on the artery, when it was discovered that there was a slough directly over the femoral artery itself. A ligature was placed around the vessel on the proximate side. Notwithstanding this, the patient gradually sunk, and died a week afterwards.

After death the femoral artery and vein were removed. They were both almost totally destroyed at the point of the ulcer, nothing but a small mass of the sheath remaining. About a week before he died he had, for three days in succession, very severe chills. They were the most violent that I have ever seen, being more severe than those occurring in intermittent fever.

Dr. Clark inquired why there was no bleeding from the vein.

DR. FINNELL—That I cannot answer; but it is also curious why there was not more bleeding from the artery. The upper part of the artery was found to be filled with coagula.

DR. CLARK suggested that the chills might have been connected with pyæmia, the pus having its origin in the diseased vein.

DR. FINNELL thought that this was the case; the suppurative discharge from the ulcerating surfaces was immense.

Extensive Valvular Disease of the Heart.—DR. CONANT presented a specimen of the heart, in which there was extensive morbid deposit on the tricuspid and mitral valves. The semi-lunar valves of the aorta, together with those of the pulmonary artery have undergone such a degree of degeneration as almost to destroy their functions.

The patient from whom the specimen was removed was thirty-five years of age, and had her second husband at the time of her death. Eleven years ago she had an attack of acute rheumatism. Her cardiac suffering dated from that time; she had at first no pain, but only an uncomfortable feeling about the heart. She suffered from very cold extremities. Three years ago her house was set on fire, while she was in bed, and she was severely burned; she recovered however from these injuries. From this time her cardiac symptoms became aggravated. Her heart had never been examined by a physician. Her husband, who had however examined it, stated that he could hear a distinct blowing sound, going forward and backward, without any distinct intermission. Some two weeks since the patient was taken with symptoms of pleuritis, and signs of effusion on the left side. Shortly afterwards she died.

Autopsy.—In the abdominal cavity we found about a quart and a pint of serum. The liver was enlarged, in the latter stage of cirrhosis, presenting almost a well-marked specimen of hob-nail liver. The kidneys were also enlarged. On opening the *thorax* we find the fluid in the left thoracic cavity so great, that as soon as the incision was made it commenced to overflow. It must have contained some four or five quarts of serum. The right pleural cavity contained about three pints of serum. There were also some shreds of organized plasma on the pleura, indicating considerable inflammation. The upper lobe of the left lung was found to be in a state of pneumonitis and exceedingly hard. The right lung was tolerably healthy. On opening the pericardium, two ounces of fluid were found in it; the heart was considerably enlarged, but more from its cavities being distended with blood, than from actual hypertrophy. The tricuspid valves on the right side have grown together, so as to form a simple ring, with an opening of about five eighths of an inch in diameter. The mitral valves on the left side have also grown together, so much so, that there is only a small slit remaining between the two valves. The semi-lunar valves of the aorta have undergone the same process, leaving only a small opening between them. The pulmonary valves appear unusually thin.

The husband told Dr. C. that the patient had been examined by many physicians who were unable to find any pulse at the wrist. There was a continual pulsation in the jugular vein, especially if she became excited, when the surface would become livid.

The auricle upon the right side is exceedingly large, from a great development of the muscular fibre. On the left side there is the same condition of things.

DR. CLARK supposed that the pulsation in the jugular veins was owing to an increase of the fibres in the right auricle, rather than to regurgitation through the opening of the tricuspid valves.

DR. CONANT thought that such was the case. When he first examined the heart on the post mortem, he found the ventricles almost perfectly closed, so as to prevent almost entirely any regurgitation.

DR. CLARK—That amount of disease of the different valvular structures is quite extraordinary. The mitral valve is often enough diseased, but to see the tricuspid together with the semi-lunar valves also diseased, is rather unusual.

DR. DALTON showed a cent of the new coinage, that had been swallowed by a child and passed from the bowels three days afterwards. The child had suffered no inconvenience from it.

Several members related similar cases.

Lesions of Pernicious Intermittent Fever.—DR. HARRIS presented the spleen and a section of the liver, taken from a patient who died in the Floating Hospital on the 16th of October, from what was supposed to be pernicious intermittent fever.

The patient had come in a barque from Savannah, but no precise history of his case could be obtained. He was the mate of the vessel and had always been very healthy, with the exception of a severe attack of bilious fever which he had several years before, while in business in the Southern trade. When admitted into the hospital, he was unable to give a distinct account of himself. It could merely be ascertained that he had vomited a great deal, and had been taking some medicine. Of course we undertook to introduce quinine in every possible way. The patient however continued to vomit a bloody material, resembling very much the

black vomit in its general appearance, but without presenting the granulated appearance of the latter. We were, therefore, obliged to administer the quinine by injections. We soon found, however, that the quinine was not absorbed, as it produced no effect whatever. The hearing remained good, and the senses perfect; but he continued to be cold, and the vomiting continued every half hour or so He vomited what appeared to be nearly pure blood, blackened by its passage through the stomach, and he evacuated some blood from the bowels. On the evening of the 18th, thirty-six hours after his admission into the hospital, he died.

The autopsy was made the next day. What remains of the spleen is seen here. Although it has been kept for some time, it presents nearly the same color as when first removed, nor is it any more disorganised. It is extremely softened, very diffluent. The liver is congested and presents a darker hue than natural, [which latter may, however, be the remnant of the bronze liver of the severe attack of bilious remittent fever several years ago.—REPOTER.]

Another patient received at the same hour, coming also from Savannah, and treated in the same manner, recovered, though he appeared to be in the same condition as this patient. When admitted he was as cold and more insensible. The quinine was, however, speedily absorbed, and produced its legitimate effects very satisfactorily. The amount given was very large; some 2,400 grains in about five days.

Enormous Hypertrophy of the Heart.—DR. COCK presented a heart removed from a patient who had died in the New York Hospital, who was supposed to be convalescent from pneumonia. On more closely examining him, he was found to present in addition to the râles posteriorly, a friction sound over the cardiac region. The right and left hypochondrium as well as the whole precordial region were distended; liver enlarged.

The autopsy revealed considerable pericarditis, the heart being covered with plastic material, and the pericardium containing about two quarts of serous fluid. The heart itself weighed sixty ounces.

Aneurism of the external iliac Ligature.—Dr. James R. Wood next presented a specimen, for a candidate for admission, with the following history:

Ann D., aged 26, married, housekeeper, apparently of a good constitution, but intemperate in her habits, was admitted into Bellevue Hospital, on the 13th of December, under the care of *Dr. James R. Wood.* The patient has given birth to one child, which died of phthisis, and had two miscarriages, the last of which occurred about three years since. No hereditary tendency to disease traceable; no syphilictic taint. About the 8th of November, she noticed a small swelling in the left groin, to which she paid but little attention at first; but about ten days afterward, her foot and leg began to swell, so much so, that it interfered with her daily occupation, at the date of her admission, her general health was good. She appeared to be of a nervous temperament and had none of the rational signs of phthisis or cardiac disease. Her left leg and foot were in an œdematous condition.

A pulsating tumor about the size of a small orange, was felt in the upper portion of Scarpa's space, immediately below Poupart's ligament, and extending upward and beneath it. An equable pulsation was felt on every part of its surface, synchrorous with the pulse. Pressure on the cardiac side caused a diminution in size, and a cessation of the pulsation, while pressure on the distal side caused an increase in size. A thrill was communicated to the fingers on placing them over the tumor. A "bruit de soufflet," synchronous with the systole of the heart was distinctly audible in every part of it.—*Diagnosis:* Aneurism of the femoral, envolving the external iliac artery.—*Treatment:* Ligature of the external iliac artery.

On the 17th of December, at 2 P. M., the patient having had her intestines previously evacuated, by an enema, and being under the influence of ether, *Dr. Wood* proceeded to perform the operation, in the presence of several eminent surgeons, of this City, and a large class of students, there being more than six hundred present.

The thigh being extended, an incision was made through the integument and fascia, commencing an inch above the external abdominal ring, and carried in a semicircular direction nearly parallel with Poupart's ligament, with its convexity pointing downward, and terminating an inch and a half above and within the superior spinous process of the ilium.

The abdominal layers were next divided, the transversalis fascia reached, and the finger passed into the internal abdominal ring. The fascia was them detached from the peritonæum. The separation began at the internal opening, where it was least adherent, and with the finger for a director, the remainder was divided. The peritonæum was then pushed aside and held out of the way by Dr. Sayre. This brought the vessel into full view. The sheath was then opened with the nail of the index finger, and the aneurismal needle passed from within, and between the artery and vein. Very little hæmorrhage occurred during the operation, and only four small vessels were tied. The wound, which was as deep as the Doctor's index finger, was then brought together, the edges secured by means of four interrupted sutures; adhesive straps were then applied, the whole secured by a compress and a single spica bandage.

The patient was then placed in bed. Lint, thickly enveloped in cotton, together with hot bottles, were placed around the limb on either side, and the foot elevated, after which half a grain of morphia was administered.

7 o'clock, P. M. Pulse regular, but weak; patient complains of slight pain in the left iliac region; slight nausea. Ordered one grain of opium, and an ounce of brandy, to be given every two hours, with a sufficient quantity of beef tea.

December 18th, 10 A. M. She has passed a quiet night; pulse 120; skin hot; respiration thoracic—tympanitis, with tenderness over the abdomen; nausea, and retains the stimulant with difficulty, *Ordered*, aqua calcis and milk, to allay the nausea; stimulus to be continued; two drops of tincture of aconite root, and spir. minder., to be given every two hours.

Dec. 19th, 10 A. M. Pulse 120, and irregular; fever; rejects everything from her stomach; complains of pain in the left iliac region; tympanitis and thoracic respiration more marked. Dressings removed; inner half of the wound had united by first intention; a small livid spot, as if there had been ecchymosis, was observed on the superior and internal borders of the wound. The tumor is much reduced in size, and no pulsation perceptible. The temperature of the limb elevated. Ordered an enema, containing two ounces of brandy and five grains of opium, to be given every hour. Her urine, which had been examined by Dr. Grimké, was of 1015. spec. grav.; reaction acid, and contained hyaline and granular casts, together with renal epithelium.

Dec. 20th, 4 A. M. Pulse 140, and thready; nausea continues; pain increasing. Enemas to be continued.

11 o'clock, A. M. Visit of Dr. Wood; wound dressed; patient feels better.

2 P. M. Pulse 162; patient sinking rapidly.

7½ P. M. Died.

Autopsy, 16 hours after death:

Cadaveric rigidity, slight; nutrition of the body good.

Head.—Brain not examined.

Thorax.—Heart: Walls thin; valves normal. Left lung: A few old adhesions of the upper lobes; a deposit of a few latent tubercles at the apex.

Abdomen—Edges of the wound in a sloughy condition; peritoneum inflamed, and covered with a sero-purulent fluid; no adhesions. Peritonitis more marked over the bladder and uterus. On carefully separating the peritonæum from the fascia transversalis, it was found to be intact. Liver fatty. Kidneys fatty, and left one congested.

The *external iliac* had been tied two inches below the bifurcation of the primitive iliac, and an inch and a half above the aneurism, which is much reduced in size. A small clot had been formed on the cardiac side of the ligature; the blood had also coagulated in the sac. The epigastric and circumflex ilii arteries are given off from the iliac immediately above the aneurism; the femoral vein crosses over it, the saphena enters the vein at the middle of the sac; on its outer side is the external circumflex artery, and at its distal are the profunda, and the continuation of the femoral artery, both being apparently involved in the aneurism.

The crural plexus of nerves pass beneath the aneurism.

EDITORIAL DEPARTMENT.

Periscope.

The Antiseptic Properties of Iodine.—French Academy of Sciences, (from the *Amer. Med. Monthly.*—The true antiseptic is that which prevents the appearance of putridity, destroys it when already existing, and prevents its reappearance. Such an antiseptic is iodine. Dr. Marchal employs it in the form of solution, in an aqueous solution of an iodide. The aqueous solution appears to be more efficacious than the alcoholic, since there is produced with the use of the latter, a constriction of the tissues, which only admit of slight penetration of the liquid charged with the antiseptic. The alcohol also coagulates albumen, which would likewise retard the absorption.

The iodide solution can be injected into sinous portions of sanious and fœtid ulcers, which cannot be done with a pulverulent or semi-solid substance. It is only necessary to moisten the dressing from time to time, without the necessity of uncovering the ulcer several times a day—an advantage which will be properly appreciated by surgeons. In hospitals, the iodine escaping from the apparatus, saturated with its solution, will serve to purify the air of the wards. Dr. M. thinks there is no condition so favorable for the sick and wounded, under ordinary circumstances, or in times of epidemics—especially those of a typhoid or typhus character—as a continuance in an atmosphere suitably iodized. The miasm arising from crowded quarters, more fatal to armies than fire or sword, most probably has its antidote in iodine.

Alcohol in the Blood.—Dr. James C. L. Carson, of Coleraine, Ireland, writes to the *Medical Times and Gazette* as follows:

I see a communication in your last number,

in reference to the entrance of alcohol into the blood. There is nothing new in this fact. When I was at College, in Dublin, in the winter of 1833, a drunken man had a scuffle with the watchman in one of the streets near the Mercer's Hospital. The man fell in the scuffle, and died during the night. Of course it was necessary to have a post-mortem examination to ascertain whether the man died from drunkenness, or from injury at the hands of the watchman. I was permitted to see the dissection of the brain, which was taken to the Anatomical Theatre of the Digges street school. There was a small quantity of fluid in the ventricles. It smelled very strongly of whiskey, and when a lighted candle was applied to it it burned away with a blue flame.

Copper in Whooping Cough has been tried in *one* case by Voltolina; the result was so very favorable, that the further use of the preparations of this metal is strongly advocated by the *Medicin. Zeit. Berlin.* Dr. V. prescribed a tincture of the acetate of copper. This is probably the first mention of copper as a remedy in whooping cough. The remark has, however, already been made, that operatives in copper seem peculiarly exempt from diseases in which coughing is a prominent symptom.

Sex determined by the movements of the Fœtal Heart.—Dr. Frankenhäuser asserts (in the Monatsschrift für Geburts-K) that whilst paying attention to the comparative frequency of the beats of the fœtal heart, before and during labor, he noticed that the heart beat with less rapidity in the male fœtus than in the female. The pulse in the former is on the average 124, in the latter 144. Upon these data the author has almost invariably predicted the sex.

If the assertion is true, the correct explanation of the fact will be very difficult: it is known that as a general rule the pulse of girls is more rapid than that of boys of the same age,

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A Case of Sloughing of the Fœtal Scalp as a result of a tedious labor, under the care of a midwife, in which the head had been impacted in the pelvis for about forty-eight hours, was related by Dr. Priestly, before the Obstetrical Society of London. On the third day after delivery, the back of the head was much inflamed; later the scalp assumed a darker color; and on the eighth day a slough separated, and the child gradually sank.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 21, 1860.

LOCAL SUPPORT.

An important element of permanent success in any publication, is *local support.* One reason of the evanescent character of medical periodicals in this country, is, that very many of them originate in small cities, where they cannot have a large circulation to build upon, and a large "provincial" subscription list, is a thing of very slow growth. Consequently, before a journal is established on a paying basis, its projectors finding its annual bill of deficiences too much of a drain upon their resources, are compelled to discontinue it. It is large cities only, that can give to a professional publication any hope of permanent success. They both furnish materials for its pages, and the pecuniary income derived from a large local subscription list is needed to ensure a hearty support from abroad.

We have, on several occasions, adverted to the fact that the circulation of the REPORTER, in Philadelphia, was large. It has steadily increased from the commencement, and within a few weeks has taken a sudden impulse until it now reaches to nearly or quite *five hundred* within the city limits, and is still rapidly growing. We mention this fact with much satisfaction, and with feelings of gratitude to the profession of this city, and take it as an evidence, that our judgement in regard to the wants of the medical practioner was correct, and that the REPORTER is, in some degree, at least, meeting those wants.

DIDN'T KNOW HOW.

The attempt to get up a stampede of southern students from New York was a signal failure, and for very good reasons. The affair was very badly managed; it wanted engineering. Had Dr. Gaillard Thomas and Dr. Aylett got their heads together, formed their plans, and prepared the minds of the southern students beforehand, and then called a meeting of *southern* students alone, carefully excluding

northern students, editors of medical journals, and reporters of newspapers, so as to avoid discussion, and had things all their own way, we have no doubt they would have succeeded in getting up as respectful an exodus as the paucity of their numbers, compared with those in this city, would allow. Wise men were at the head of the arrangement in this city, and they were lucky enough to succeed tolerably well for the nonce—but they are played out now.

News and Miscellany.

Mortality Statistics of Providence, R. I., for 1859.—Providence is one of the healthiest cities of the Union, and through the energy of her city Registrar, Dr. Edwin M. Snow, her mortality reports are among the most accurate published in this country. The reports of deaths are complete, which can be said of very few cities. Still born infants are not included in the tables of deaths. From what we can gather from our extended correspondence, the health of Providence is a pretty good indication of the general health of the country the past year.

During the year 1859 there were 899 deaths in this city. This number is 118 less than in 1858, and less than in any year, except one, since 1846. In proportion to the number living, among different classes of the population, the deaths in 1859 were very nearly as follows.

White American population, one in 67.
Colored American population, one in 27.
Foreign population, one in 51.

We estimate the whole population of the city at 52,000; the mortality in 1859 was therefore one in 57.8 of the population living, or 17.3 deaths to each 1,000 living. Those acquainted with the subject will at once perceive that these figures indicate a remarkably healthy condition of the city, during the year. The proportion of deaths to population is less than that of any other city of equal size in this country. Of the whole number, 899 deaths, 466 were males and 433 females; 847 were whites, and 52 colored; 479 were of American, and 420 of foreign parentage; 369 on the east and 478 on the west side of the river, and 52 in public institutions. Of the 479 persons of American parentage who died, only 28.6 per cent. were under 5 years of age; of the 420 of foreign parentage, 48.3 per cent. were under 5 years, and of the whole number, American and foreign, 37.8 per cent. were under 5 years. These proportions are much less than in any previous year since registration was commenced in the city. Of the whole number who died, from known causes, 26.5 per cent. were from zymotic diseases, which proportion is much less than usual.

The summer of 1859 was remarkably healthy. There were only 75 deaths during the whole year from the four diseases, cholera infantum, cholera morbus, diarrhœa and dysentery, or 8.6 per cent. of all from known causes.

The number of deaths from these four diseases, during each of the last six years, has been as follows:

1854.	1855.	1856.	1857.	1858.	1859.
211	142	126	119	90	75

This is *exclusive* of Asiatic Cholera in 1854.

Among the causes of death in 1859, *consumption*, as usual, takes the lead, destroying from three to four persons every week in the city. The number of deaths from this disease is quite uniform from year to year; consequently the proportion to the whole number is very large when the whole number is small, as during the past year.

The number of deaths, in 1859, from *scarlatina*, was 27 less than in 1858. This mysterious disease has been one of the most prominent causes of deaths in this city for several years past.

Diphtheria was the cause of 17 deaths in the city in 1859, thirteen of which were during the last three months of the year. The disease commenced in October, under circumstances which seemed to indicate a severe epidemic; but in a few days it became more mild, and though it still continues to some extent, it has not added largely to the mortality of the city.

Smallpox appears among the causes of death in 1859, for the first time since the spring of 1856. At the beginning of the past year, the disease was brought to the city from New York, and not being recognized at first, a large number of persons were exposed to the contagion. Again in March, nearly a dozen cases of smallpox and varioloid appeared simultaneously in one neighborhood among the foreign population, and many persons were exposed. The principal point of interest in relation to this outbreak of the disease is, that notwithstanding the large number of persons

who were exposed, the efforts to obtain a general vaccination were so successful, that the disease was brought to an end, and banished from the city about the first of June, having caused the death of only four persons, one of whom was a non-resident. There were no cases of the disease in the city from the first of June until October. The disease was again brought to the city about the tenth of October, from Boston. From that time until the end of the year, there were about 20 cases of the disease in different parts of the city, 18 of which were varioloid, and only 2 small pox, and one of these was a non-resident.

Of the five persons who died of small-pox, during the year, two were non-residents, so that notwithstanding the disease was present during eight months of the year, and a large number of persons were exposed to it, *it proved fatal to only three residents of the city*, and these were all under four years of age.

The following table shows the whole number of deaths in the city, in each month of each of the last five years, with the annual average for each month.

Deaths.	1859.	1858.	1857.	1856.	1855.	Average
January,	92	96	75	97	60	84
February,	65	90	60	95	83	78
March,	56	93	79	118	70	83
1st quarter,	213	279	214	308	213	245
April,	66	118	49	88	70	78
May,	74	84	75	79	80	78
June,	65	76	49	77	58	65
2d quarter,	205	278	173	244	208	222
1st 6 months,	418	557	387	552	421	467
July,	82	75	82	80	110	86
August,	96	96	101	121	131	109
September,	92	86	108	95	98	95
3d quarter,	270	257	286	296	339	290
October,	69	60	91	76	71	73
November,	66	68	91	83	86	77
December,	74	75	70	68	74	72
	211	203	252	217	231	223
Whole year,	899	1017	925	1065	991	980

This gives 980 as the annual average number of deaths in the city, or 81 more than during the year 1859. The average population of the city during the past five years is 49,839, which would give one death to 51 persons living, as the average for five years.

Dr. Wood recently presented to each member of the medical class of the University of Pennsylvania, a copy of the volume lately published, of his Addresses on Medical Subjects, with an autograph inscription in each. The volume will be to the alumni of the University, an interesting memorial of the learning and eloquence of Dr. Wood, and the gift will be appreciated by the present class, who will be the last to be benefited by his instruction.

It is thus dedicated:

"To the Medical Graduates of the University of Pennsylvania, from the spring of 1836 to that of 1860, inclusive, before whom were delivered, and in whose behalf were prepared, most of the following discourses, this volume is inscribed, as a memorial of the many agreeable, and, may I not say, profitable hours they and I have spent together, and of the affectionate interest with which I continue, and, so long as life may last, shall ever continue, to regard them. GEO. B. WOOD."

Change of Name.—The *Virginia Medical Journal* is to be changed to the *Maryland and Virginia Medical Journal.* With the lengthening of the title the editorial corps is to be increased to *thirteen*—a Senior Editor, an Assistant Editor, eleven co-Editors, and a corps of Collaborators. If there is any merit in a multitude of counsel, the Maryland and Virginia Journal will have it; but it is apt to be the case, that when the responsibility is so divided, the interest and stimulus to exertion by each of the numerous editors is apt to be too small to be much inducement to labor.

The *Virginia Journal* has always maintained a position as one of the best medical periodicals in this country, and we could not wish it better, than that it shall, through all changes, continue its honorable career.

The North American Medico-Chirurgical Review.—With the January issue of the *Review* the name of Dr. S. W. Gross, Lecturer on Surgical Anatomy and Operative Surgery, appears. Dr. Gross has been for some time doing editorial duty, and his announcement on the title page is a proper acknowledgment of his position.

Mr. S. T. Trowbridge, of Decatur, Ill., has invented a physician's cane. It consists of a hollow tube, closed at its bottom and having a semi-tube attached to the knob or handle, and fitted within the cane, and allowed to move freely in and out of it, and forming a receptacle for vials containing medicines. The invention is designed to supercede, to some degree, at least, the use of the saddle bags.

Physiological Demonstrations.—Dr. Austin Flint asserts in the last number of his journal that Dr. Dalton and himself are the only teachers of physiology in this country "who attempt to illustrate it by vivisections and demonstrations." We are aware that a number of other teachers of physiology, as Drs. J. J. Woodward and S. W. Mitchell of this city, have been in the habit of thus illustrating their courses.

A New Journal is to be published at Kansas City, Missouri, with the title of the *Kansas City Medical and Surgical Review*, and under the editorship of Drs. Maughs and Case.

German Hospital.—There is an energetic effort now being made to establish a German hospital in this city. A meeting of delegates from various societies was held last week, and contributions to the amount of near $2,000 were promised.

That the Germans in our city have the energy and wealth to establish a hospital there can be no doubt, but, for various reasons, we cannot foresee the ultimate success of the present movement.

In Wurtemburg, according to a recent decree of the government, homœopaths dare not dispense their medicines. The licensed druggist, and only he, prepares and compounds the imponderables of Hahnemann.

The government of Bavaria has prohibited the wrapping of tobacco and snuff in lead or tinned lead foil, on account of the danger of metallic poisoning to those who continually use these articles.

Erratum.—On p. 350 of our last number, line 34 from top, in Dr. Remington's remarks on Hernia, for *emetics* read *enemas*.

To Correspondents.

COMMUNICATIONS RECEIVED.—*Illinois*, Dr. B. Woodward, Dr. R. L. Sullivan, (with encl.)—*Maryland*, Dr. L. R. Kirk—*New Jersey*, Dr. J. T. Colhoun, Dr. H P. Ely, (with encl.,) Dr. J. D. Dewitt, (with encl.,) Dr. E. H. Larison, (with encl.)—*New York*, Dr. C. F. J. Lehlbach—*North Carolina*, Dr. John W. May—*Pennsylvania*, Dr. J. O. Shindle, (with encl.,) Dr. D. H. Hough, Dr. Reuben Hunter, (with encl.,) Dr. R. V. Wilson, (with encl.,) Dr. Wm. M. Heron, (with encl.,) Dr. John D. Weaver, Dr. P. S. Seisenring, Dr. O. D. Palmer, Dr. J. G. Hartswick, (with encl.,) Dr. W. D. Kearnes, (with encl.,) Dr. S. H. Howe, (with encl.)

Office Payments.—Drs. Charles Walker, M. K. Gleason, M. McClenachan, (adv.,) L. D. Harlow, R. P. Thomas, L. Rodman, P. B. Goddard, L. P. Gebhard, E. Scholfield, D. Gilbert, H. Bloom, W. Mayburry, S. Updegrove, W. S. Fricke, C. H. Taylor, Charles Wittig, J. W. Hamilton, N. R. Moseley, A. C. Denkyne, J. D. Mundy, G. Lineweaver.

DEATHS.

HESTON—Jan. 16th, Mrs. Maggie H., wife of Dr. A. P. Heston, of Fredericksburg, Va., formerly of this city.

THOMAS—Dr. Richard H. Thomas died on Saturday last, at his residence near Baltimore. The deceased had attained the age of 55 years, was born in Anne Arundel county, and after graduating, commenced the practice of medicine. For many years he occupied the chair of obstetrics in the Maryland University, and relinquished that position nearly three years since on account of ill health. He was a member of the Society of Friends, and his discourses delivered three or four years ago in several Protestant churches, were remarkable for power, eloquence and fluency.

WILSON—In this city, on the 14th instant, of pneumonia, Mr. Andrew C. Wilson, of Yazoo City, Mississippi, in the 22d year of his age.

At a meeting of the Medical Class of the University of Pennsylvania, of which Mr. Wilson was a member, held on the 16th inst., Prof. R. E. Rogers, M. D., chairman, and Mr. Sam'l Ashurst, Secretary, a tribute to the worth, and resolutions of respect to the memory of the deceased, were passed, and a copy transmitted to his parents.

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